

A bill for an act  
relating to public health; creating a public health improvement account;  
modifying provisions of the statewide health improvement program; establishing  
a program to provide funding for health impact assessments; appropriating  
money; amending Minnesota Statutes 2008, section 145.986, subdivisions 1, 5;  
proposing coding for new law in Minnesota Statutes, chapters 16A; 145.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

Section 1. **TITLE.**

This act may be cited as the "Minnesota Healthy Communities Act."

Sec. 2. **PURPOSE.**

The purpose of the Minnesota Healthy Communities Act is to maximize the health  
of individuals and communities in Minnesota. The Minnesota Healthy Communities Act  
is established to accomplish the following:

(1) improve the health of individuals and communities in Minnesota by empowering  
individuals to act to improve their physical, mental, and social well-being;

(2) invest in evidence-based public health initiatives;

(3) minimize the number of individuals and communities in Minnesota facing  
known health risk factors; and

(4) reduce inequities in health among individuals and communities in Minnesota.

Sec. 3. **[16A.89] TOBACCO SETTLEMENT REVENUES.**

Beginning with the payment due December 31, 2010, the commissioner shall credit  
to the public health improvement account established under section 145.986, \$42,000,000  
from all ongoing payments due December 31 of each year that are received by the state

as a result of the settlement of the lawsuit styled as State v. Philip Morris, Inc., No. C1-94-8565 (Minnesota District Court, Second Judicial District).

Sec. 4. Minnesota Statutes 2008, section 145.986, subdivision 1, is amended to read:

Subdivision 1. **Grants to local communities.** (a) Beginning July 1, 2009, the commissioner of health shall award competitive grants to community health boards established pursuant to section 145A.09 and tribal governments to convene, coordinate, and implement evidence-based strategies targeted at reducing the percentage of Minnesotans facing known health risk factors, beginning with those who are obese or overweight and to reduce the use of tobacco.

(b) Grantee activities shall:

(1) be based on scientific evidence;

(2) be based on community input;

(3) address behavior change at the individual, community, and systems levels;

(4) occur in community, school, worksite, and health care settings; and

(5) be focused on policy, systems, and environmental changes that support healthy behaviors.

(c) To receive a grant under this section, community health boards and tribal governments must submit proposals to the commissioner. A local match of ten percent of the total funding allocation is required. This local match may include funds donated by community partners.

(d) In order to receive a grant, community health boards and tribal governments must submit a health improvement plan to the commissioner of health for approval. The commissioner may require the plan to identify a community leadership team, community partners, and a community action plan that includes an assessment of area strengths and needs, proposed action strategies, technical assistance needs, and a staffing plan.

(e) The grant recipient must implement the health improvement plan, evaluate the effectiveness of the interventions, and modify or discontinue interventions found to be ineffective.

(f) By January 15, 2011, the commissioner of health shall recommend whether any funding should be distributed to community health boards and tribal governments based on health disparities demonstrated in the populations served.

(g) Grant recipients shall report their activities and their progress toward the outcomes established under subdivision 2 to the commissioner in a format and at a time specified by the commissioner.

(h) All grant recipients shall be held accountable for making progress toward the measurable outcomes established in subdivision 2. The commissioner shall require a corrective action plan and may reduce the funding level of grant recipients that do not make adequate progress toward the measurable outcomes.

Sec. 5. Minnesota Statutes 2008, section 145.986, subdivision 5, is amended to read:

Subd. 5. **Report.** The commissioner shall submit a biennial report to the legislature on the statewide health improvement program funded under this section. These reports must include information on grant recipients, activities that were conducted using grant funds, evaluation data, and outcome measures, if available. In addition, the commissioner shall provide recommendations on future areas of focus for health improvement, including ways to engage communities in underlying conditions and policies affecting health status. These reports are due by January 15 of every other year, beginning in 2010. In the report due on January 15, 2010, the commissioner shall include recommendations on a sustainable funding source for the statewide health improvement program other than the health care access fund.

Sec. 6. **[145.987] PUBLIC HEALTH IMPROVEMENT ACCOUNT.**

A public health improvement account is created in the general fund. Money in the account must be used, as appropriated by law, for public health improvement programs. This account must be credited \$42,000,000 of the tobacco settlement payments due December 31 of each year that are received by the state as a result of the settlement of the lawsuit styled as State v. Philip Morris, Inc., No. C1-94-8565 (Minnesota District Court, Second Judicial District).

Sec. 7. **[145.988] MINNESOTA HEALTHY COMMUNITIES PROGRAM.**

Subdivision 1. **Establishment.** The commissioner of health must develop and implement a grant program to provide funding to assessment organizations capable of conducting health impact assessments of community project or policy proposals.

Subd. 2. **Technical assistance and oversight.** Through this program, the commissioner of health must provide the following:

(1) technical assistance to community groups that seek to request a grant by identifying resources and organizations capable of conducting a health impact assessment;

(2) guidance and training to assessment organizations that are selected to conduct health impact assessments of particular community project or policy proposals; and

(3) guidance to local governmental bodies in interpreting and implementing the findings of a health impact assessment to increase understanding of the interaction between the community project or policy proposal and health policy.

Subd. 3. **Review of grant requests.** The commissioner of health must:

(1) establish and implement a mechanism for processing health impact assessment grant requests from community groups;

(2) review health impact assessment grant requests and determine whether to award a grant within two weeks of receiving the request; and

(3) if it is determined that a community group and its selected assessment organization is to receive a health impact assessment grant, provide the grant funding to the selected assessment organization within two weeks of that determination.

Subd. 4. **Health impact assessment grant requests.** (a) A community group may request from the commissioner of health that a grant be given to an assessment organization to conduct a health impact assessment of a particular community project or policy proposal that is being considered by a local governmental body.

(b) Grant requests must be submitted in the manner determined by the commissioner of health. Grant requests must include the following information:

(1) the name of the assessment organization that the community group has selected to conduct the health impact assessment;

(2) the community group's health impact goals, health concerns related to the proposed community project or policy, and known advocates or proponents of the proposed community project or policy; and

(3) evidence of agreement that a local governmental body considering the proposed community project or policy for which the assessment will be conducted will consider the results of the assessment prior to making a final decision on the proposed project or policy.

(c) The commissioner of health may maintain a list of capable assessment organizations from which a community group may choose. A grant shall not be awarded unless the community group specifies in its grant request an assessment organization willing to conduct the assessment.

Subd. 5. **Health impact assessments.** A final report of each health impact assessment conducted under this program must be submitted to the commissioner of health. A health impact assessment report submitted under this subdivision must include, but is not limited to, the following information:

(1) a summary of community involvement, the involvement of a local governmental body, and the procedures used in conducting the health impact assessment;

(2) a summary of the proposed community project or policy and the health concerns that it raises;

(3) assessment methods used;

(4) final health impact findings and recommendations to local governmental bodies considering the proposed community project or policy;

(5) all public comments submitted to the assessment organization as part of the assessment process; and

(6) all parties and resources involved in conducting the health impact assessment.

Subd. 6. **Definitions.** For the purposes of this section, the following terms have the meanings given.

(a) "Assessment organization" means a research organization, academic institution, or local public health agency that conducts a health impact assessment. Assessment organizations must have the capacity, technical skills, and knowledge to conduct a health impact assessment.

(b) "Community group" means a state or locally based organization that represents or consists of community members who are likely to be impacted by the potential health effects of a proposed community project or policy. Community group includes nonprofit organizations, but does not include governmental entities.

(c) "Health impact assessment" means a method by which a community project or policy may be judged as to its effects on the health of a population and the distribution of those effects within the population.

(d) "Local governmental body" means counties, home rule charter and statutory cities, towns, townships, school districts, the Metropolitan Council, and any component or entity within these governmental bodies including but not limited to a housing and redevelopment authority, economic authority, port authority, and community development authority.

Sec. 8. **APPROPRIATION.**

(a) \$41,500,000 is appropriated each year for fiscal years 2010 and 2011 from the public health improvement account to the commissioner of health for the statewide health improvement program established under Minnesota Statutes, section 145.986.

(b) \$500,000 is appropriated each year for fiscal years 2010 and 2011 from the public health improvement account to the commissioner of health for the Minnesota healthy communities program, established under Minnesota Statutes, section 145.988.